


# ***Public Reporting of Hospital Performance: The Rhode Island Experience***

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# Rhode Island (RI) – *Unique Situation:*

- Small state just over 1,000,000 population
- 16 hospitals
- 10 acute care, 1 women and infants', 1 psychiatric and the rehabilitation hospitals participated in patient satisfaction survey and report
- 10 acute care hospitals participated in the clinical measures data collection and report
- All HARI-member hospital CEOs on HARI Board

## Rhode Island – *Strengths:*

- Relatively small, close-knit group with effective communication processes.
- Strong, collaborative relationships with member hospitals and key hospital groups.
- Effective, collaborative relationships between RI Department of Health (HEALTH), HARI, hospitals, and RI Quality Partners (RIQP)/Qualidigm

# RI Legislation:

- Introduced early 1998; passed July 1998
- Addressed the general health environment in RI and the potential impact on quality:
  - Impending mergers
  - For-Profit vs. Not-For-Profit
- Actively supported by HARI and hospitals who helped to write the legislation and supported needed resources for implementation.

# RI Legislation - *Requirements*:

Public reporting of:

- Comparable, statistically valid patient satisfaction measures.
- Standardized data set of clinical performance measures, risk-adjusted for patient variables.

# Program Development:

- Director of the HEALTH is responsible.
- Process has been very open and public.
  - Consumer, minority, and interested party input
- Input and feedback incorporated into each step of program development.
- Hospitals represented by HARI through all stages of program development.

# HARI Guiding Principles:

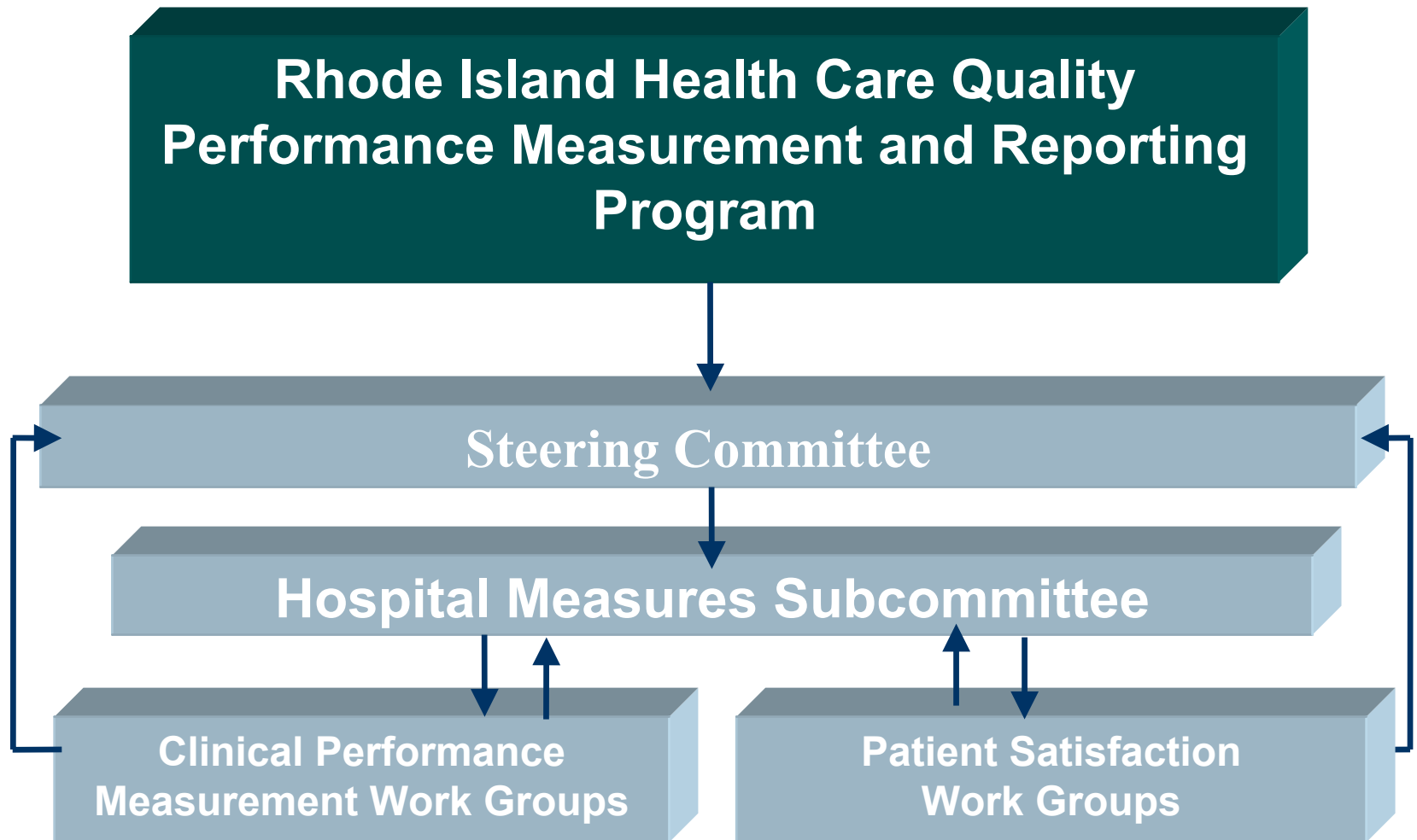
- HARI member hospitals support development of the program.
- Program should present data in conformance with nationally recognized standards of practice.
- Data collection and reporting should focus on useful information.
- Hospitals be given the opportunity to verify the accuracy of data and reports prior to public release.

# HARI Guiding Principles:

- Existing hospital systems and initiatives should be utilized, where possible, to minimize cost and duplication of effort.
- A significant collaborative education effort focusing on providers, media, and the public should be planned and implemented prior to the release of any reports or data.



# Program Structure:



# Steering Committee:

- Initially 17 Members:
  - Health Director, Chair
  - House and Senate, various State agencies and Health Director appointees: hospitals, other licensed facilities/providers, medicine, nursing, business, organized labor, consumers, insurers, and health plans
- Legislation passed in 2000 increased committee to 19 members to include Center for Medicare and Medicaid Services (CMS) and the Joint Commission on Accreditation of Healthcare Organization (JCAHO)

# Steering Committee - *Role:*

Advise on:

- Determination of measures;
- Assessment of factors contributing to the provision of quality health care;
- Selection of patient satisfaction survey measures and instrument;
- Methods and format for data collection;
- Program expansion and quality improvement (QI) initiatives.

# Other Committees:

- Hospital Measures Subcommittee
- Core Clinical Measures Public Release Work Group
- Patient Satisfaction Work Group
- Patient Satisfaction Public Release Work Group



# The Reports



# The Reports:

- Patient Satisfaction
  - Public General Report
  - Public Technical Report
- Clinical Measures
  - Public General Report
  - Public Technical Report

# Report Development:

- State committee process
- Key reporting decisions made before data available
- Draft reports went through formative testing process with consumers and appropriate modifications made
- Sample pages from General Public Reports...

## Surgical Service Ratings by Patients

The Surgical Service Ratings on these two pages were given by patients who stayed overnight in the hospital under the care of a surgeon. They may have had an operation such as gall bladder removal, back surgery, prostate surgery, hip or knee repair, or breast surgery, for example.

General hospitals in Rhode Island that provide surgical services to adults are included.

This chart compares each hospital's ratings to a national average score for 128 hospitals with surgical services.

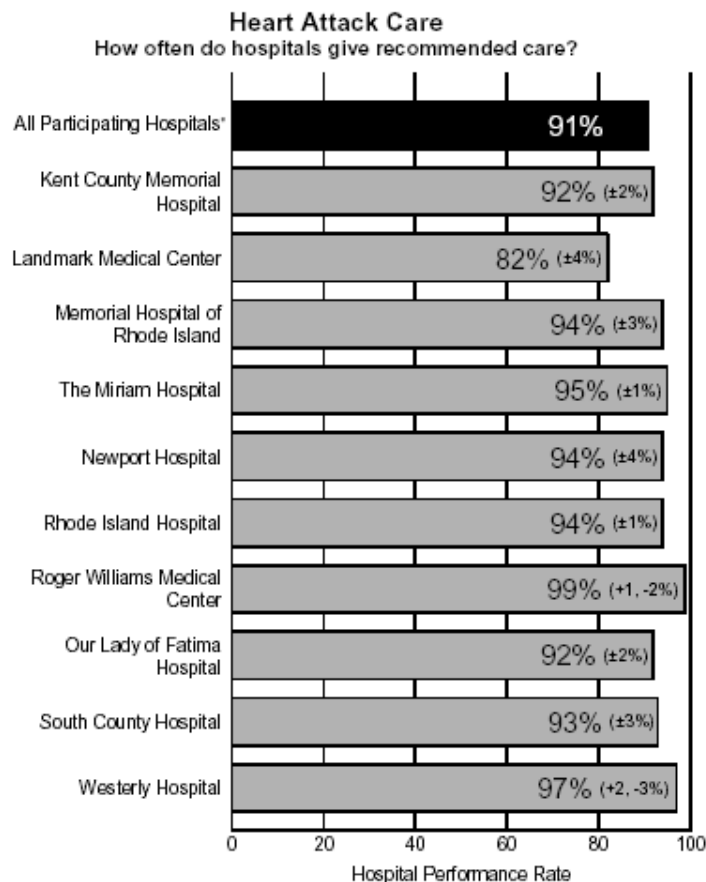
- ◆◆◆ above a national average score
  - ◆◆ about the same as a national average score
  - ◆ below a national average score
- NR = Not Reported (less than 40 patients responded)

Topic	Hospitals in Rhode Island	Kent County Memorial Hospital	Landmark Medical Center	Memorial Hospital of RI	The Miriam Hospital	Newport Hospital	Our Lady of Fatima Hospital	Rhode Island Hospital	Roger Williams Medical Center	South County Hospital	Westerly Hospital	Women & Infants Hospital	Topic
Patient Care													Patient Care
Nursing Care	◆◆	◆◆	◆◆	◆◆◆	◆◆	◆◆	◆◆	◆◆	◆◆	NR	◆◆	◆◆	Nursing Care
Physician Care	◆◆	◆◆	◆◆	◆◆◆	◆◆	◆◆◆	◆◆	◆◆	◆◆	NR	◆◆◆	◆◆◆	Physician Care
Treatment Results	◆◆	◆◆	◆◆	◆◆◆	◆◆	◆◆	◆◆	◆◆	◆◆	NR	◆◆◆	◆◆	Treatment Results
Patient Education	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆	NR	◆◆	◆◆	Patient Education
Support Services													Support Services
Comfort/Cleanliness	◆◆	◆◆	◆◆	◆◆◆	◆◆	◆◆	◆◆	◆	◆◆	NR	◆◆◆	◆◆◆	Comfort/Cleanliness
Admitting	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆	◆	◆◆	NR	◆◆	◆◆	Admitting
Other Staff Courtesy	◆◆	◆◆	◆	◆◆	◆◆	◆◆◆	◆◆	◆◆	◆◆	NR	◆◆◆	◆◆	Other Staff Courtesy
Food Service	◆◆	◆◆	◆◆	◆◆◆	◆◆	◆◆	◆◆◆	◆◆	◆◆	NR	◆◆	◆◆◆	Food Service
Additional													Additional
Patient Loyalty	◆◆	◆◆	◆	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆	NR	◆◆	◆◆	Patient Loyalty
Overall Patient Experience	◆◆	◆◆	◆◆	◆◆◆	◆◆	◆◆	◆◆	◆	◆◆	NR	◆◆◆	◆◆◆	Overall Patient Experience

## Patient Satisfaction Report excerpt



## Clinical Measures Report excerpt



This graph shows the hospital performance rate for 10 different hospitals in Rhode Island for the period May 2001 through December 2001. The hospital performance rate is the percentage of times that the hospital gave the recommended care for patients with a heart attack. A higher number is better. If you need help understanding this graph, refer to page 7.

\* Forty-nine hospitals in conjunction with five state hospital associations participated in the quality measurement project for heart attack care conducted by the Joint Commission on Accreditation of Healthcare Organizations.

# Hospital Response

Commitment to  
Quality Improvement



# Quality Improvement Efforts:

- Significant organizational commitment
- Collaborative vs. competitive model
- Coordinated efforts through HARI and RIQP
- Sharing of best practices
- Reaching clinical staff
- Demonstrating improvement over time

# Lessons Learned

Issues to Consider



# Program Development:

- Include stakeholders in the program development phase
- Build on existing processes
  - All hospitals in RI were willing to switch to a single vendor for Patient Satisfaction
  - All hospitals in RI were willing to select the same vendor and measures to meet JCAHO requirements
  - Recognize potential limitations of existing requirements

# Program Development:

- Recognize that a good program takes time to develop, pilot test, and implement
  - Be realistic with timelines
  - Avoid the rush that may result in a poor report
  - Identify and address aspects of the report that must be determined before data are available
  - Process should include a mechanism to verify the accuracy of the data reported

# Data Collection:

- Data collection and improvement efforts cost money and consume limited resources.
  - Hospitals have made significant investments into their existing QI data collection processes.
  - Hospitals must take action on data collected.
- Data collection for public reporting should:
  - Be part of existing QI efforts and provide value to the hospital.
  - Augment data collection for internal QI.

# Methodology:

- Data collection and reporting should be done in a manner that conforms to high standards to facilitate buy-in of the process, the results, and the report:
  - Survey instrument/questions asked
  - Data collection methodology
  - How results are determined
  - Pilot test
  - Reporting methodology



# Key Issues:

- Do not overlook the issues involved in translating the raw data into a meaningful public reporting format.
- Public reporting comparison group should be reflective of the public reporting “unit”.
  - Hospitals in RI were compared to a group of all hospitals using the same instrument or participating in collection of same measure set.
  - Consider the learning curve associated with data collection for Core Measures

# Lessons Learned in RI:

- Collaboration with key stakeholders is critical to the success of the project.
- Pilot testing offered valuable insight into the public reporting data collection process and contributed to hospital QI activities.
- Formative testing strategies provided critical feedback during the report development phase.
- Post-release evaluation is essential.

# Additional Information:

- RI Legislation
  - [www.rilin.state.ri.us/Statutes/Statutes.html](http://www.rilin.state.ri.us/Statutes/Statutes.html)
  - [select 23; then select 23-17.17](#)
- Background Research
  - [www.healthri.org](http://www.healthri.org)
- Public and Technical Reports
  - [www.healthri.org](http://www.healthri.org)

# Key Organization Contacts:

- Hospital Association of Rhode Island
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# Questions:

